

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**
(FOR USE WITH FORM PTO-875)

SERIAL NO.

09/993,292

FILING DATE

11.23.01

APPLICANT(S)

1.504 10.05.04 CLAIMS						
AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT		
IND.	DEP.	IND.	DEP.	IND.	DEP.	
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TOTAL IND.	3	1	4			
TOTAL DEP.	17	6	7			
TOTAL CLAIMS	20	7	11			

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TOTAL IND.					
TOTAL DEP.					
TOTAL CLAIMS					

* MAY BE USED FOR ADDITIONAL CLAIMS OR ADMENOMENTS